

CRITERIA FOR THE DIAGNOSIS OF DIABETES MELLITUS

1. Symptoms of diabetes plus casual plasma glucose concentration ≥ 200 mg/dl (11.1 mmol/l).
Casual is defined as any time of day without regard to time since last meal. The classic symptoms of diabetes include polyuria, polydipsia, and unexplained weight loss.
- OR
2. Fasting plasma glucose (FPG) ≥ 126 mg/dl (7.0 mmol/l). Fasting is defined as no caloric intake for at least 8 h.
- OR
3. 2-h PG ≥ 200 mg/dl (11.1 mmol/l) during an OGTT. The test should be performed as described by the World Health Organization, using a glucose load containing the equivalent of 75-g anhydrous glucose dissolved in water.

In the absence of unequivocal hyperglycemia with acute metabolic decompensation, these criteria should be confirmed by repeat testing on a different day. The OGTT is not recommended for routine clinical use. Different criteria are used to diagnose gestational diabetes in pregnant women.

RECOMMENDATIONS FOR GLYCEMIC CONTROL*

Biochemical Index	Normal	Goal	Additional Action Suggested
Average fasting/preprandial glucose (mg/dl)†	<110	80-120	<80 or >140
Average bedtime glucose (mg/dl)†	<120	100-140	<100 or >160
Glycated hemoglobin (HbA1c)(%)	<6	<7	>8

*These values are for nonpregnant adults. “Additional action suggested” depends on individual patient circumstances. Such actions may include enhanced diabetes self-management education, comanagement with a diabetes team, referral to an endocrinologist, change in pharmacological therapy, initiation or increased SMBG, or more frequent contact with the patient. HbA1c is referenced to a nondiabetic range of 4.0-6.0% (mean 5.0%, SD 0.5%). †Measurement of capillary blood glucose.

LIPID AND BLOOD PRESSURE GOALS (For nonpregnant adults)

Blood Pressure (mm Hg)		Lipids (mg/dl)	
Systolic	<130	Cholesterol	<200
Diastolic	<85	LDL-C	≤100
		HDL-C	>35 (men) and >45 (women)
		Triglycerides	<200

For patients with an isolated systolic hypertension of ≥180 mm Hg, the goal is a blood pressure <160 mm Hg. For those with systolic blood pressure of 160-179, the goal is a reduction of 20 mm Hg. If these goals are achieved and well tolerated, further lowering to 140 mm Hg may be appropriate.

KEY TESTS/EXAMS

Test/Exam	Frequency
Glycated hemoglobin	<div>• Quarterly if treatment changes or not meeting goals</div> <div>• At least 2 times/year if stable</div>
Dilated eye exam	Yearly
Comprehensive foot exam	At least yearly (more often in patients with high-risk foot conditions)
Lipid profile	Yearly (less frequently if normal)
Urinalysis for protein	Yearly
Microalbumin measurement	Yearly if urinalysis is negative for protein
Blood pressure	Each regular diabetes visit
Weight	Each regular diabetes visit

NUTRITIONAL GOALS

- Provide regular meal-planning advice and guidelines

• Balance food intake with drug therapy and exercise

• Maintain reasonable weight by monitoring calorie consumption
- 10% to 20% of calories from protein

• <10% of calories from saturated fat

• ≤10% of calories from polyunsaturated fat

• 60% to 70% of calories from monounsaturated fat and carbohydrates

• <300 mg cholesterol per day